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L	PAIENT		N FEE D	TON RECO	RD		09	14-	7552	6_		
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늘	OR		,	Column 1) SER FILED	(Colu	umn 2)	!	TYPE		OR		ENTITY
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H	ASIC FEE	!					Y	77.3	345.00	OR		690.00
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• 11	I the difference	a in coli	umn 1 is	less than z	ero, enter "O" in c	column 2			 	OR		1113
İ		_			D - PART II		•	TOTAL	<u></u>	OR		840
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٧		REM	aims Kaining		HIGHEST NUMBER	PRESENT	Γ		ADDI-	1 1		ADDI-
E'		AF	FTER NOMENT		PREVIOUSLY PAID FOR	EXTRA	L	RATE	TIONAL FEE	1	RATE	TIONAL FEE
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11	ll the "Highest Num	mber Prev	wlously Pai	eid For IN THIS	S SPACE is less than	n 20, enter "20."		TOTAL IT. FEE		OR A	TOTAL ODIT, FEE	/
""If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												